

HANDOUT FROM MEMBERS OF THE PUBLIC ABOUT SB139

This handout was prepared by Lisa Jaremka, a professor at UD, and Kimberly Jarrell, a state government employee. The information below represents our opinions about why adopting SB139 is a smart decision, based on the original bill, empirical research, and personal experience. When the information comes from either of the former, we cite the relevant sources.

If SB 139 is adopted, it could lead to specific savings for health insurers:

- 1) **Reduced multiple births:** Women who have limited insurance are more likely to insist that a doctor implant multiple embryos, increasing the likelihood of multiple births. Mandated infertility coverage has been shown to reduce the likelihood of multiple births across multiple studies.^{1,2} Thus, adopting SB 139 would reduce the costs associated with multiple births and miscarriage due to the risks associated with multiples.³
- 2) **Decreased use of second medical opinions:** The costs of IVF may be offset by decreasing the frequency at which people seek a second opinion or get additional diagnostic procedures. Knowing they have limited coverage, couples may seek extra reassurance that IVF is needed. This could lead them to go to a second infertility specialist and repeat some of the same diagnostic procedures they already had, or get extra diagnostic tests after earlier tests already indicated IVF was the most realistic option to conceive. Having more coverage could decrease the likelihood people would be overly cautious and look for second opinions or get additional diagnostic tests.
- 3) **Decreased chronic medical conditions:** The inability to start a family (due to the inability to afford doing so) leads to stress depression, and loneliness. A wealth of empirical data has demonstrated that stress, depression, and loneliness increase risk for a host of “diseases of the aging”, like cardiovascular disease, Alzheimer’s disease, functional limitations, etc.⁴⁻⁶ In fact, this research shows that these psychological factors have a similar effect on health as smoking, obesity, and a lack of exercise. So, decreasing the emotional burden of infertility via affordable treatment would be a preventive measure to decrease longer-term health problems, thus creating cost-savings.
- 4) **Reduced psychological services:** The inability to start a family (due to the inability to afford doing so) leads to stress depression, and loneliness and thus increased use of psychological counseling. At an estimated \$100 per hour for a single therapy session, a single person attending therapy once per week would cost \$4,800 per year in health coverage. The likelihood of using these services would be significantly reduced if people know they have adequate health insurance to get them through this difficult time.

If SB 139 is adopted, it would help the state in other ways:

- 5) **Increased tax revenue:** Empirical research has demonstrated that the cost of IVF is outweighed by the revenue earned from children conceived via IVF in both the U.S. and Sweden.^{7,8} The U.S. study calculated a 700% return on investment, because higher birth rates lead to more tax revenue.
- 6) **Increased work productivity:** Empirical research has demonstrated that people who are

stressed, depressed, or lonely are significantly less productive at work than those who are not.⁹⁻¹¹ Decreasing the emotional burden of infertility via affordable treatment would be a preventive measure to improve work productivity.

- 7) Increased ability to hire new employees: As detailed in SB 139, increasing infertility coverage would increase the ability to hire employees.³ With 41% of state employees eligible for retirement in the next 2 years, there are a large number of potential new hires in the near future.
- 8) Increased ability to retain existing employees: As detailed in SB 139, increasing infertility coverage would increase the ability to retain existing employees.³

If SB 139 is adopted, it would be life-changing for state employees experiencing infertility:

- 9) Infertility is a huge emotional burden, which is compounded by the financial stress of affording treatment. Many couples end up not having children because they can't afford IVF. Adopting SB139 would be life-changing for anyone experiencing infertility.

References

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